

# **FILING FEE DEFERRAL AT THE END OF YOUR CASE**

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you're doing the right thing. The Self-Help Center has information on finding an attorney.

## INSTRUCTIONS

Read all instructions and forms before starting. Fill out forms by printing in blue ink or typing.

Use this packet to get a fee waiver or deferral at the end of your case. If you want a fee deferral at the start of your case, use the packet called *Filing Fee Deferral at the Start of Your Case*.

**Filing Forms with the Court:** Take or mail forms to be filed to the Clerk of Superior Court, 200 N. San Francisco St., Flagstaff, AZ 86001. Submit the original, one copy for yourself, and one copy for each person you must give a copy to, if any. The Clerk will stamp your copies with the filing date and return them to you. If you file by mail, include a self-addressed, stamped envelope and a note asking the Clerk to return the copies.

You may qualify for a waiver or deferral if your gross income is at or below the levels in the table below or if you have extraordinary expenses that bring your income at or below these levels.

Household Size (all related individuals)	Gross Monthly Income Level
1	\$1,163.75
2	\$1,561.25
3	\$1,958.75
4	\$2,356.25
5	\$2,753.75
6	\$3,151.25
7	\$3,548.75
8*	\$3,946.25

\*For family units with more than 8 members, add \$397.50 for each additional member.

### STEP 1: FILL OUT THE SUPPLEMENTAL APPLICATION FOR WAIVER OR FURTHER DEFERRAL OF COURT FEES AND COSTS

- (1) Enter your name; street address; city, state, and zip code; and phone number.
- (2) Enter Plaintiff/Petitioner's name as it appears on the Complaint/Petition.
- (3) Enter Defendant/Respondent's name as it appears on the Complaint/Petition.
- (4) Enter the case number as it appears on the Complaint/Petition.
- (5) Enter the county where you live.
- (6) Check if you want your fees waived.
- (7) Check if you want your fee deferral extended. Then check only one of 8, 9, or 10.
- (8) Check if true, and check each type of assistance you receive.
- (9) Check if true.
- (10) Check if true, and explain.
- (11) Enter the name and relationship to you of each person you support financially.
- (12) Check each type of assistance you receive. If you check "Other", explain.
- (13) Enter your employer's name and address and the month and year you were hired.
- (14) Enter your monthly gross income.
- (15) Enter your other current monthly income, if any, and explain.

- (16) Enter your spouse's monthly gross income if you know it.
- (17) Enter the total of the amounts in the Monthly Income section.
- (18) Fill in the blanks.
- (19) Enter the total of the amounts in the Monthly Expenses and Debts section.
- (20) Fill in the blanks.
- (21) Enter the total of the amounts in the Statement of Assets section.
- (22) Enter the descriptions and amounts of your extraordinary expenses, if any.
- (23) Enter the total of the amounts in the Extraordinary Expenses section.
- (24) Enter the date.
- (25) Sign your name.
- (26) Print your name.

**STEP 2: FILL OUT THE ORDER ON SUPPLEMENTAL APPLICATION  
(WITHOUT HEARING)**

- (1) Enter your name; street address; city, state, and zip code; and phone number.
- (2) Enter Plaintiff/Petitioner's name as it appears on the Complaint/Petition.
- (3) Enter Defendant/Respondent's name as it appears on the Complaint/Petition.
- (4) Enter the case number as it appears on the Complaint/Petition.
- (5) Enter your name.

*Do not fill in any other blanks. The court will fill in those blanks.*

**STEP 3: FILE THE FOLLOWING WITH THE COURT**

- ☐ Supplemental Application for Waiver or Further Deferral of Court Fees and Costs
- ☐ Order on Supplemental Application (Without Hearing)

**STEP 4: THE COURT WILL MAIL YOU THE SIGNED ORDER**

The Court will automatically mail you a copy of the Order stamped with the judge's signature. This copy is called a "conformed" copy.

If you disagree with the judge's decision, you may file a request for a hearing within 20 days of the date the judge signed the Order.

- (1) Name:  
Street Address:  
City, State, Zip:  
Phone Number:  
Representing Self

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

- (2) Plaintiff/Petitioner

Case Number: (4)

- (3) Defendant/Respondent

**SUPPLEMENTAL APPLICATION FOR  
WAIVER OR FURTHER DEFERRAL OF  
COURT FEES AND COSTS**

- State of Arizona )  
(5) County of ) ss.

**STATEMENTS MADE TO THE COURT UNDER OATH.** I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

I am requesting a waiver or further deferral of any unpaid fees and costs in my case. The basis for the request is:

- (6) 1. **WAIVER:** I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and unlikely to change in the foreseeable future.

- (7) 2. **FURTHER DEFERRAL:**

- (8) a. I receive governmental assistance from the state/federal program(s) checked below:  
Temporary Assistance for Needy Families (TANF) Food Stamps  
Supplemental Security Income (SSI) General Assistance (GA)

If you checked either boxes 1 or 2a., you must complete the Financial Questionnaire. You must submit proof that you receive governmental assistance. If you are submitting this application by mail or a third party, you must attach a photocopy of that proof.

- OR** (9) b. My income is insufficient or is barely sufficient to meet the daily essentials of life, and includes no allotment that could be budgeted for the fees and costs that are required to gain access to the court.

**NOTE:** To determine whether income is insufficient or barely sufficient, the court will review your income and expenses. Among the factors the court may consider are:

1. Whether your gross income as computed on a monthly basis is 150% or less of the current federal poverty level. Gross monthly income includes your share of community property income if available to you.

2. Although your income is greater than 150% of the poverty level, you have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that the court finds are extraordinary that reduce your gross monthly income to at or below 150% of the poverty level.

**OR** (10) c. I do not have the money to pay the court fees and costs now. I can pay the fees and costs at a later date. Explain.

If you checked either boxes 2b. or 2c., you must complete the Financial Questionnaire.

### **FINANCIAL QUESTIONNAIRE**

**SUPPORT RESPONSIBILITIES:** List the individuals who you support (including paying child support and/or spousal maintenance):

(11) Name	Relationship
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### **STATEMENT OF INCOME AND EXPENSES:**

(12) **Assistance:** I receive assistance from:

Arizona Health Care Cost Containment System (AHCCCS)

Arizona Long Term Care System (ALTCS)

Other (explain):

**Monthly Income:** My monthly income is:

(13) Employer name:

Employer address:

Employed since (month/year):

Monthly gross income:

(14) \$

Other current monthly income, including spousal maintenance, retirement, rental, interest, pensions, scholarships, grants, royalties, lottery winnings (explain amount and source):

(15) \$

My spouse's monthly gross income (if available to me):

(16) \$

**Total Monthly Income:**

(17) \$

(18) **Monthly Expenses And Debts:** My monthly expenses and debts are:

	Payment Amount	Loan Balance
Rent/Mortgage Payment	\$	\$
Car Payment	\$	\$
Credit Card Payments	\$	\$

Explain:

Other Payments and Debts	\$	\$
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Explain:

Food/Household Supplies	\$
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Utilities/Telephone	\$
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Clothing	\$
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Medical/Dental/Drugs	\$
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Health Insurance	\$
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Nursing Care	\$
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Laundry	\$
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Child Support	\$
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Child Care	\$
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Spousal Maintenance	\$
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Car Insurance	\$
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Gasoline/Bus Fare	\$
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Contributions to Employer or	
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Other Retirement Account	\$
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<b>Total Monthly Payments:</b>		(19) \$
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- (20) **Statement of Assets:** Equity is defined as market value minus any liens or loans. List only those assets available to you and accessible without financial penalty.

	<b>Estimated Value</b>
Cash and Bank Accounts	\$
Credit Union Accounts	\$
Equity in:	\$
1. Home	\$
2. Other Property	\$
3. Cars/Other Vehicles	\$
Other, including Stocks, Bonds, etc.	\$
Retirement Accounts	\$
<b>Total Assets:</b>	(21) \$

- (22) **Extraordinary Expenses:** Other facts supporting this application: (For example, describe and provide proof of unusual medical needs, financial hardship, costs of care of elderly or disabled family members.)

	<b>Estimated Value</b>
	\$
	\$
	\$
<b>Total Extraordinary Expenses:</b>	(23) \$

**SIGNATURE UNDER PENALTY OF PERJURY**

Today's Date: (24)

Signature: (25) \_\_\_\_\_

Printed Name: (26)

(1) Name:  
Street Address:  
City, State, Zip:  
Phone Number:  
Representing Self

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

(2)  
Plaintiff/Petitioner

Case Number: (4)

(3)  
Defendant/Respondent

**ORDER ON SUPPLEMENTAL  
APPLICATION (WITHOUT HEARING)**

**A SUPPLEMENTAL APPLICATION WAS FILED.**

**THE COURT FINDS** that the applicant (print name) (5)

☐ **IS ELIGIBLE FOR A WAIVER** because

☐ The applicant is permanently unable to pay.

☐ The court exercises its discretion to grant a waiver as necessary and appropriate. (ARS 12-302(L))

**OR** ☐ **IS ELIGIBLE FOR FURTHER DEFERRAL** of fees and costs. (**Court must establish a schedule of payments.**)

☐ The applicant has shown good cause for further deferral.

☐ The court exercises its discretion to grant a further deferral as necessary and appropriate. (ARS 12-302(L))

**OR** ☐ **IS NOT ELIGIBLE FOR A WAIVER OR FURTHER DEFERRAL** of fees and costs.

**IT IS ORDERED:** (Check all boxes that apply)

☐ **WAIVER IS GRANTED** for unpaid fees and costs in the amount of \$\_\_\_\_\_

☐ **WAIVER IS DENIED.** The applicant does not meet the financial criteria for waiver because

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A waiver **MUST BE** granted upon proof that applicant is permanently unable to pay.

☐ **FURTHER DEFERRAL IS GRANTED** for unpaid fees and costs in the amount of \$\_\_\_\_\_

☐ The applicant shall pay the entire amount due by (date) \_\_\_\_\_

**OR** ☐ The applicant shall pay \$\_\_\_\_\_ each \_\_\_\_\_ (week, month  
etc.) until paid in full, beginning \_\_\_\_\_

☐ **FURTHER DEFERRAL DENIED** because the applicant has not demonstrated good cause or it is  
not necessary or appropriate under A.R.S. 12-302(L).

☐ **APPLICATION DENIED:** Your application is incomplete because \_\_\_\_\_. You are  
encouraged to submit a complete application before a consent judgment is entered against you.

**RIGHT TO HEARING.** Unless a waiver is granted, you may request a hearing for a review of this order. The  
request must be made within twenty (20) days of the day this order was mailed or handed to you in court. No  
action for non-payment of fees and costs will be taken until the hearing is held.

**If you do NOT request a hearing, full payment is due within twenty (20) days from the day this order  
was mailed or handed to you in court. If full payment is not made within the time stated, a consent  
judgment may be entered against you for any amounts unpaid.**

**DATED:** \_\_\_\_\_

\_\_\_\_\_  
☐ **Judicial Officer** ☐ **Special Commissioner**